



STATE OF NEBRASKA - Department of Health and Human Services
Regulation and Licensure - Credentialing Division
P.O. Box 94986, Lincoln, NE 68509-4986

Fees:
1-50 beds \$1000
51-100 beds \$1025
101 +beds \$1050
Make payable to HHS R&L

Check one:
☐ Initial License
☐ Change of Location
☐ Change of Ownership

HOSPITAL LICENSURE APPLICATION

Hospital Type: Please Check

☐ General Acute Hospital
☐ Critical Access Hospital

☐ Long-Term Care Hospital
☐ Psychiatric or Mental Hospital

☐ Rehabilitation Hospital

IDENTIFYING INFORMATION

1. NAME OF FACILITY: _____

ADDRESS: _____
(Street Address, City, State, Zip)

2. TELEPHONE NUMBER: _____ FAX NUMBER: _____
(Area Code) (Area Code)

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
(If Not Individual)

4. ADMINISTRATOR: _____

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: _____

6. BED CLASSIFICATION: (Specify Number)
Acute _____ Other (please specify) _____ Total Beds _____

7. ACCREDITATION/CERTIFICATION: (If applicable) Please check: JCAHO AOA CARF
Medicare/Medicaid

8. PLANNED OCCUPANCY DATE: _____

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization)

ADDRESS: _____
(Street Address, City, State, Zip)

10. OWNERSHIP MAILING ADDRESS: _____
(If Different Than Above)

11. BUSINESS ORGANIZATION: (Check one)

☐ Sole Proprietorship

☐ Partnership

☐ Limited Partnership

☐ Corporation

☐ Limited Liability Company

☐ Governmental (Check one) ☐ State

☐ District

☐ County

☐ City or Municipal

☐ Other (Please Specify) _____

(check one)
☐ Profit ☐ Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application documents are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

(1) the owner, if the applicant is an individual or partnership,

(2) two of its members, if the applicant is a limited liability company,

(3) two of its officers, if the applicant is a corporation, or

(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

SIGNATURE

DATE

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SIGNATURE

DATE